

**Corrective Action Plan to Accompany a Request for Payment  
For a Late Claim for Child Nutrition Reimbursement  
Under the One-Time Exception Category**

Please type or print information or affix label	Agreement no.:
	Sponsor name:
	Sponsor address:

Child Nutrition Program (check one):

☐

Child Care Food Program

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Adult Day Care Food Program

☐

School Nutrition Program

☐

Summer Food Service Program

Month and Year of Late Claim: \_\_\_\_\_ / \_\_\_\_\_

1. Explain in detail the problem(s) that contributed to the claim being late.  
(Use an additional page if needed.)

2. Detail the actions the sponsor is are taking to avoid a late claim in the future.  
(Use additional page if needed.)

**Sponsor certification:** By signing this form below we understand that this one-time request will be granted only if this Corrective Action Plan is approved by NSD and that only one late claim can be granted under this one-time category every three years.

**Signatures**

Person who is responsible for completing  
and submitting claims each month:

Person who signed the Agreement with NSD  
to operate the Child Nutrition Program:

Signature:	Signature:
Print Name:	Print Name:
Date:	Date:
Telephone:	Telephone: